MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
22643

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 511 N. Westminster St. Ward)

File No. .....
Registered No. 6294

2. FULL NAME Alexander Loeb

(a) Residence. No. ..... St., 12 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Clementine M. Loeb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	60	3	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Vice President
(b) General nature of industry, business, or establishment in which employed (or employer) Clothing Mfg. Co.
(c) Name of employer Marx and Haas Clothing Co.

9. BIRTHPLACE (CITY OR TOWN) Roanoke
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Bernard Loeb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Bertha Meyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT H. Loeb
(Address) 511 N. Westminster

15. FILED 11-9 1927 Mar C Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 1926 to July 8, 1927 that I last saw h.. alive on July 6, 1927, and that death occurred, on the date stated above, at 7:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 (a) Chronic myocarditis
(b) Chronic Nephritis
1 (c) Hypertension arteriosclerosis
(duration) 2 ? yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 1 2 9 A
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Llewellyn Sale M. D
7/8, 1927 (Address) 3726 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Sinai Cemetery
DATE OF BURIAL July 10 1927

20. UNDERTAKER H. Kinsdorf
ADDRESS 5716 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD